



**MIAMI-DADE COUNTY  
DEPARTMENT OF BUSINESS DEVELOPMENT**

**In Partnership With  
CONTINENTAL NATIONAL BANK OF MIAMI**

**SMALL BUSINESS CONTRACT LENDING PROGRAM  
APPLICATION AND INFORMATION**

*A financing program administered under cooperative agreements  
between Miami-Dade County and local banks*

**111 N.W. 1<sup>st</sup> Street • 19<sup>th</sup> Floor • Miami, Florida 33128 • Telephone: (305) 375-3111**



**DEPARTMENT OF BUSINESS DEVELOPMENT  
SMALL BUSINESS CONTRACT LENDING PROGRAM**

**FACT SHEET**

The Small Business Contract Lending Program (SBCLP) offers eligible Community Small Business Enterprise (CSBE) firms and Small Business Enterprise (SBE) firms a line of credit financing up to \$250,000 to fund invoices or requisitions for work completed under Miami-Dade construction and service contracts or subcontracts.

**ADVANCES AND REPAYMENT**

Funds are advanced up to 85% of the invoice amount. Repayment occurs as the County or prime contractor pays the invoice directly to the Bank. The Bank then repays the amount advanced against the invoice and deposits the balance in the Borrower's account.

**ELIGIBLE USES:**

Payroll, material and overhead costs related to the contracts or subcontracts

**INELIGIBLE USES:**

Purchase of Equipment and other long term assets  
Refinancing of existing debt  
Payment of non-current taxes  
Distributions and other payments to stockholders

**COLLATERAL:**

The primary collateral for the Line of Credit is the assignment of contract(s) or sub-contract(s). Personal guarantees from the Borrower's owners are required. Additional collateral may be necessary depending on the Bank underwriting.

**TERM OF LINE:** One Year, Renewable for each year up to Five Years.

**PROCESSING TIME:** Three to four weeks after complete application.

**INTEREST RATE:** Variable Rate of Prime + 2.25%.

**FEES:** Standard closing costs apply and are paid by Borrower

**CONTACT:** Bonding & Financial Assistance Unit  
(305) 375-3121

# **POLICY STATEMENT**

## **I. INTRODUCTION**

- A. The Small Business Contract Lending Program (SBCLP) is a program designed to lend short term working capital to CSBEs and SBEs in order to increase the number of these firms that enter into Miami-Dade County contracts and to strengthen the competitive and productive capabilities of the CSBEs/SBEs that currently do business with Miami-Dade County, including its contractors and subcontractors.

The program is administered under cooperative agreements between Miami-Dade County and one or more banks and is authorized under Ordinance 97-52 amended.

### **B. Glossary of Terms**

1. CSBE – Community Small Business Enterprise
2. DBD – Department of Business Development
3. MDC – Miami-Dade County
4. SBE – Small Business Enterprise
5. SBCLP Bank – A bank under cooperative agreement with MDC which provides loans and lines of credit.
6. Loan guarantee – MDC will guarantee up to 85% of each loan or line of credit.

## **II ELIGIBILITY**

To participate in the SBCLP, the borrower must be certified with DBD as either a CSBE or an SBE firm. The borrower must be in good standing with DBD and MDC without any unresolved violations of County Ordinances. The borrower must be performing under a MDC contract or subcontract to provide materials or services.

## **III. LOAN STRUCTURE AND TERM**

- A. Loans are structured as revolving lines of credit to finance accounts receivable arising from MDC contracts. Accounts receivable from any number of MDC contracts may be financed under the same line of credit.
- B. The term of each line of credit is normally one year. Renewals of the line may be requested, and updated financial information must be provided to DBD for the evaluation and decision process.
- C. The eligible length of time in the program is five years. A financial review will be made no less than a year before the borrower's graduation date to gauge the borrower's ability to establish credit relationship absent of SBCLP.
- D. Loan documentation is the responsibility of the SBCLP Bank, and the SBCLP Bank will administer the line of credit.

#### **IV. ADVANCES AND REPAYMENT**

- A. Advances under the line of credit are made upon presentation of invoices or requests for progress payments, as permitted by the contract, to the SBCLP Bank. The maximum advance against each invoice is 85% of the invoice amount.
- B. Repayment of each advance is effected at the time the County or prime contractor makes payment of each invoice. Payment of invoices will require the use of the two-payee payment system, wherein the SBCLP Bank and the CSBE or SBE will be payees of any check paid by the County or prime contractor to the CSBE or SBE, and the payment will be sent to the SBCLP Bank.
- C. The lines of credit are intended to provide short-term working capital to bridge the period between preparation and submission of the invoice and receipt of payment from the prime contractor or the County. The customary uses of funds borrowed under the line are for payroll, materials and other project related items. Due to the short-term nature of each advance the funds are not available for long-term purposes, such as the purchase of equipment or other fixed assets; nor are they to be used for payment of non-current taxes, repayment of existing debt, or distributions to the company's owners. The funds are not available for start up businesses. The businesses should have a 2-3 year track record.

#### **V. COLLATERAL**

- A. The proceeds of the Miami-Dade County contract(s) are the primary collateral and source of repayment. Other collateral may be included in the offer of a line of credit such as keyman life insurance and personal guarantees.
- B. The SBCLP Bank's and MDC's collateral position shall be perfected by means of filings under the Uniform Commercial Code (UCC) and by assignment of contract proceeds.

#### **VI. INTEREST RATE**

The funds shall be loaned at the prime rate of interest that is published daily in the Wall Street Journal adjusted on the first day of each calendar month for the ensuing month plus two and one quarter points.

#### **VII. LOAN DECISIONS**

Loan approval decisions will consist of approval by the SBCLP Bank and co-approved by MDC.

While special consideration must be given to support the financial needs of CSBEs and SBEs in their early stages of development, decisions will include the basic parameters of sound credit judgment and standards.

#### **VIII. BONDED PROJECTS**

If a user department or prime contractor requires bonding before performance can begin on a MDC contract, the SBCLP Bank must receive evidence that the bond has been furnished before it makes advances under the line of credit against the accounts receivable from that contract.

#### **IX. FEE**

There is a \$150.00 application fee made payable to Continental National Bank of Miami at the time of submittal of the SBCLP Application. This fee will be reimbursed to the applicant by MDC.

**DEPARTMENT OF BUSINESS DEVELOPMENT  
SMALL BUSINESS CONTRACT LENDING PROGRAM  
LOAN APPLICATION**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of Business Operations: \_\_\_\_\_

\_\_\_\_\_

Date Established: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Applicant's Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Account Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

**INFORMATION CONCERNING MANAGEMENT:**

List all owners (having 20% or greater interest), officers, and/or directors:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Annual Compensation: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Annual Compensation: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Annual Compensation: \_\_\_\_\_

List the applicant's attorney, accountant and insurance company/agent:

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Line of Credit Amount Requested: \$ \_\_\_\_\_

How do you plan to use the line of credit proceeds?

	Amount (\$)
1. Carry Accounts Receivable	_____
2. Payroll	_____
3. Other	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
Total:	\$ _____

**Primary Collateral:** The Miami-Dade County contract(s) or subcontract(s) supporting the line of credit application will be the primary source of collateral and repayment. Describe the Miami-Dade contract(s) or subcontract(s) as follows:

MDC Contract	Amount	Starting Date	Estimated Completion date
-----------------	--------	------------------	------------------------------

**Other Collateral Available:**

Real Estate Inventory  
Accounts Receivable  
Machinery/Equipment  
Other:  
Other:  
Total Collateral

Present Market Value (\$)

Present Loan Balance (\$)

Are there any affiliated businesses (businesses which share common ownership with the applicant)?

☐ Yes      If Yes, please provide the business name(s) and financial statements:

☐ No

Are you now (or have you ever been) subjected to any claim for additional taxes?

☐ Yes      If Yes, please explain:

☐ No

Are any federal, state or local taxes now past due?

☐ Yes      If Yes, please describe:

☐ No

Are any liabilities other than taxes now past due?

☐ Yes      If Yes, please explain:

☐ No

Are there currently any bankruptcy, insolvency proceedings, or pending lawsuits?

☐ Yes      If Yes, please describe:

☐ No

## CSBE/SBE INFORMATION

The applicant, \_\_\_\_\_ certifies that it is a Community Small Business Enterprise or Small Business Enterprise and that the contract(s) or subcontract(s) to be financed is/are with Miami-Dade County.

Certification Status: (check as appropriate)

☐ CSBE ☐ SBE

In submitting the foregoing application, the undersigned guarantees its accuracy with the intent that it be relied upon by the SBCLP Bank and Miami-Dade County in extending credit to the undersigned and warrants that the undersigned has not, knowingly, withheld any information that might affect its credit risk; and the undersigned expressly agrees to notify, immediately, said bank and Miami-Dade County, in writing, of any material change in its financial condition.

Signature of Preparer: (if other than applicant)

\_\_\_\_\_

Type Name of Preparer:

\_\_\_\_\_

Address of Preparer:

\_\_\_\_\_

If applicant is a proprietorship or partnership, sign below:

Name: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If applicant is a corporation, sign below:

Name: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(SEAL)



## **APPLICATION PROCEDURES**

### **I. CONTENTS OF APPLICATION PACKAGES**

Each loan package is to include all items listed on the following Exhibit Checklist (Section II) or an explanation for any omission. All items may not apply to every company and may be noted as not applicable, or "N/A".

Business financial statements should be prepared by an independent CPA firm and to include the accountant's cover letter, balance sheet, operating statement, any additional statements and schedules, and any accompanying notes. If the latest financial statements are more than 90 days old, interim financial statements are to be furnished which may be management prepared.

Additional explanatory items may be included to expand or clarify the application materials, such as: letters describing existing bank lines or credit or other borrowing capacity; references from suppliers; or recommendations resulting from previous job performance.

A loan package which is obviously incomplete and is such that a proper credit evaluation cannot be completed may be returned to the sender for completion

### **II. EXHIBIT CHECKLIST**

- A. DBD Small Business Contract Lending Program loan application.
- B. Application fee - \$150 made payable to Continental National Bank of Miami.(This fee will be reimbursed to the applicant by Miami-Dade County)
- C. Business: Three years business financial statements and tax returns  
Personal: (for each proposed guarantor) Current personal financial statement (see attachment); three years tax returns.
- D. Detailed cash flow projections covering the term of the line of credit, to be prepared on a monthly basis and to include all assumptions and any supporting information. (See Attachment)
- E. Applicant's Statement of Work in Progress.
- F. Certification as a CSBE or SBE
- G. A complete copy of each Miami-Dade County contract or subcontract for which the requested line of credit is intended. If a copy is not yet available, include a brief description of each contract or subcontract, such as: name of agency, prime contractor if applicable, and amount of contract
- H. Current Ageing of Accounts Receivable and Accounts Payable.
- I. Certificate of Incorporation, Articles of Incorporation, partnership agreement, or other evidence of formation and registration of the business entity; Certificate of Good Standing.
- J. Brief history of the company and expected benefits of the loan.
- K. Brief resume of all operating officers
- L. Several business reference letters, or a list of several references.
- M.. Bank Reference and Credit Reference Forms ( See Attachment)
- N.. IRS Form 4506T (See Attachment)

### **III. TECHNICAL ASSISTANCE**

Firms may consider utilizing the services of the Department of Business Development or State Supportive Services programs as possible sources for assistance or guidance in preparing loan application packages. The program will also accept loan packages developed by private resources and organizations.

### **IV. SUBMISSION OF APPLICATION**

Application packages are to be submitted directly to the Department of Business Development at the address below:

Bonding & Financial Assistance Unit  
Department of Business Development  
111 N.W. 1<sup>st</sup> Street, 19<sup>th</sup> Floor  
Miami, FL 33128

*If you require assistance or additional information concerning the application of the Small Business Contract Lending Program please contact DBD at (305) 375-3121.*



# Personal Financial Statement

Address \_\_\_\_\_

To: **Continental National Bank of Miami**

I (We) make the following statement of all (my, our) assets and liabilities as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and give other material information for the purpose of obtaining credit with you on notes and bills bearing (my, our) signature, endorsement or guarantee, and agree to notify you promptly of any change affecting (my, our) ability to pay.

ASSETS SOLELY OWNED (List here only those assets not jointly owned)		ALL LIABILITIES AND NET WORTH (List here all liabilities, joint or otherwise)	
Cash (See Sched. 1)	\$	Notes Payable to Banks, Unsecured (See Sched. 1)	\$
U.S. Government Securities		Notes Payable to Banks., Secured (See Sched. 1)	
Listed Stocks and Bonds (See Sched. 4)		Notes Payable to Others, Unsecured	
Unlisted Stocks and Bonds (See Sched. 4)		Notes Payable to Others, Secured	
Accounts and Loans Receivable (See Sched. 2)		Loans Against Life Insurance (See Sched. 3)	
Life Insurance - Cash Value (See Sched. 3)		Mortgages Payable on Real Estate (See Sched. 5)	
Real Estate (See Sched. 5)		Accounts Payable	
Automobiles		Interest Payable	
Other Assets (Itemize)		Estimated Capital Gains Tax	
		Other Taxes and Assessments Payable	
		Other Liabilities	
		Total Liabilities	
		Net Worth	
<b>TOTAL ASSETS SOLELY OWNED</b>	<b>\$</b>	<b>TOTAL OF ALL LIABILITIES AND NET WORTH</b>	<b>\$</b>
<b>JOINTLY OWNED ASSETS</b> (Summarize here; Itemize in Sched. 6)		<b>SOURCE OF INCOME</b> You need not disclose income from alimony, child support or maintenance payments, unless you wish it to be considered as income.	
Cash	\$	Salary	\$
Accounts, Mortgages, and Loans Receivable		Bonus and Commissions	
Stocks and Bonds		Dividends	
Real Estate		Real Estate Income	
Other Assets (Itemize):		Other Income (Itemize):	
		<b>TOTAL INCOME</b>	<b>\$</b>
		<b>PERSONAL INFORMATION</b>	
		Business or Occupation	Age
<b>TOTAL JOINTLY OWNED ASSETS</b>		Partner or Officer in any other venture?	
		Dependents	Other Dependents
<b>TOTAL OF ALL ASSETS</b>	<b>\$</b>		

Have you taken bankruptcy, made a composition settlement, or are you a defendant in any legal action? Explain.

Do you have any contingent liabilities personally or as co-maker, on leases or contracts, or Federal Income Tax Liability? Explain

Do you have a will? ☐ Yes ☐ No. Who is named as you executor? \_\_\_\_\_

**No. 1 Banking Relations** (A list of all bank accounts including savings, not jointly owned, and all loans, joint or otherwise)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed Guaranteed or Secured

**No. 2 - Accounts, Loans and Notes Receivable** (A list of the largest amounts owing to me.)

NAME AND ADDRESS OF DEBTOR	AMOUNT OWING	AGE OF DEBT	DESCRIPTION OF NATURE OF DEBT	DESCRIPTION OF SECURITY HELD	DATE PAYMENT EXPECTED

**No. 3 ---Life Insurance** (Attach schedule if necessary)

OWNER OF POLICY	NAME OF BENEFICIARY	NAME OF INSURANCE COMPANY	FACE OF POLICY	TOTAL CASH SURRENDER VALUE	TOTAL LOANS ON POLICY	POLICY ASSIGNED?

**No. 4 - Stocks and Bonds** (Attach schedule if necessary)

FACE VALUE OR NUMBER OF SHARES	DESCRIPTION OF SECURITY	REGISTERED IN NAME OF:	ORIGINAL COST	PRESENT MARKET VALUE	TO WHOM PLEDGED

**No. 5 – Real Estate** (Attach schedule if necessary)

DESCRIPTION OR STREET NUMBER	TITLE IN NAME OF	MORTGAGES OR LIENS	AMOUNT PAYMENTS	ORIGINAL COST	ASSESSED VALUE	PRESENT MARKET VALUE	ARE TAXES CURRENT?

**No. 6 – Jointly Owned Property – Details of summary on front page.** (Attach schedule if necessary)

ASSETS	VALUE	NAME OF JOINT TENANT
	\$	

These statements are delivered to Continental National Bank of Miami to induce it to extend credit from time to time and/ or to continue its present extensions of credit, at its discretion, to the undersigned. The undersigned hereby certifies that these statements are correct and complete, and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date thereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse change in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that legal title to all property herein or referred to, excepting only jointly owned property as separately scheduled herein as such, as in the sole name of the undersigned. Every person who is a party to this statement agrees that his/her separate property listed herein or herein referred to and property or interests in property into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirely or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntarily or involuntarily, by levy of execution or otherwise.

Continental National Bank of Miami is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes the bank to answer questions about its credit experience with the undersigned.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Signed \_\_\_\_\_

Social Security # \_\_\_\_\_

Witness as to all signatures



# Continental National Bank of Miami

1801 SOUTHWEST FIRST STREET, MIAMI, FLORIDA 33135 (305) 642-2440

## BANK REFERENCE REQUEST

Date: \_\_\_\_\_

To: \_\_\_\_\_

Attn: \_\_\_\_\_

Ref: \_\_\_\_\_

The above mentioned customer has given your name as a reference source, so that we may promptly evaluate their credit application. We would greatly appreciate any and all information that you could provide.

You are authorized to verify this information and to supply us with the information requested.

### Signature of Applicant(s)

\_\_\_\_\_  
X  
\_\_\_\_\_  
X  
\_\_\_\_\_

### DEPOSIT/CHECKING INFORMATION

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	3 MONTH AVERAGE	DATE OPENED

### BORROWING INFORMATION

LOAN NUMBER	DATE OF LOAN	TERMS OF LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT	SECURED BY

ACCOUNT(S) RATING: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please return the above information to the following fax (305) 643-8208 and forward the original by mail.

Attention:  
Credit Department  
Continental National Bank of Miami



# Continental National Bank of Miami

1801 SOUTHWEST FIRST STREET, MIAMI, FLORIDA 33135 (305) 642-2440

## CREDIT REFERENCE

**TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FROM:**

**Continental National Bank of Miami  
1801 S.W. 1<sup>st</sup> Street  
Miami, Florida 33135  
Attn: Credit Department**

**REF:**

\_\_\_\_\_

---

The abovementioned customer has given your name as a reference source, so that we may promptly evaluate their credit application. We would greatly appreciate any and all information that you could provide.

Thank you

Credit Department

1. Opening Date: \_\_\_\_\_
2. Type of business conducted with customer \_\_\_\_\_
3. High Credit: \_\_\_\_\_
4. Account balance: \_\_\_\_\_
5. Terms: \_\_\_\_\_
6. Account rating: \_\_\_\_\_
7. Contact name: \_\_\_\_\_
8. Phone No.: \_\_\_\_\_
9. Date: \_\_\_\_\_

Please return the above mentioned to the address above or to the following fax: (305) 643-8208

<b>CASH FLOW PROJECTION</b>															
Miami-Dade County- Department of Business Development Small Business Contract Lending Program															
For Periods ending:	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>	<u>Month 4</u>	<u>Month 5</u>	<u>Month 6</u>	<u>Month 7</u>	<u>Month 8</u>	<u>Month 9</u>	<u>Month 10</u>	<u>Month 11</u>	<u>Month 12</u>	Total		
Miami-Dade Contract Revenue															
Non-Miami-Dade Revenue															
Total Revenue															
<b>BEGINNING CASH BALANCE:</b>															
<b>INFLOWS:</b>															
Collection of Accounts Receivable															
Decrease in any other Asset Account (net)															
Increases in Accounts Payable															
Increases in any other Liability account															
Loan/Line Advances Non- Miami-Dade															
<b>TOTAL INFLOWS:</b>															
<b>OUTFLOWS:</b>															
Direct Expenses Paid															
Materials															
Equipment Rental															
Labor															
Payroll Taxes															
Total Direct Expenses															
General & Administrative Expenses Paid															
Advertising Expense															
Repairs & Maintenance															
Licenses and Permits															
Dues & Subscriptions															
Insurance															
Legal & Professional															
Office Expense															
Telephone															
Truck Expenses															
Miscellaneous															
Total G&A Expenses															
Capital Purchases Paid in Cash															
Increases in Accounts Receivable (net)															
Increases in any other Asset Account (net)															
Decreases in Accounts Payable															
Decreases in any other Liability Account															
Loan repayments - Non Miami-Dade															
Interest payments - Non Miami-Dade															
<b>TOTAL OUTFLOWS:</b>															
<b>ENDING CASH BALANCE BEFORE LINE OF CREDIT</b>															
(Beginning Cash Balance + inflows - outflows)															
<b>MIAMI DADE COUNTY - LINE OF CREDIT ACTIVITY:</b>															
MDC - LOAN ADVANCES at 85%															
MDC - Remaining Contract Proceeds (15%)															
MDC - LOAN PAYMENTS & Fees															
<b>ENDING CASH BALANCE:</b>															
<b>Applicant:</b>															

Miami Dade County: Department of Business Development									
Small Business Contract Lending Program									
Small Business Contract Lending Program									
Cash Flow Definitions and Assumptions									
1. Revenue -	Include projected revenue from Miami Dade County and Non-Miami Dade County contracts. Include backlog from previous contract awards and estimates from recent and anticipated awards.								
2. Beginning Cash Balance -	The first month should be based on actual cash balance from operating account(s). The ending balance of each month will be the same as the beginning balance of the subsequent month.								
3. Accounts Receivable -	Project receipts from accounts receivable based on existing and anticipated contracts or a percentage of revenue.								
4. Incr. in Accounts Payable -	Estimate payables based on actual and anticipated expense or a percentage of purchases.								
5. Direct Expenses -	Estimate expenses based on a contract backlog and anticipated contracts or a percentage of total revenue.								
6. Materials -	Estimate based on contract backlog and anticipated contracts or a percentage of total revenue								
7. Equipment Rental -	Estimate based on contract backlog and anticipated contracts or a percentage of total revenue								
8. Labor -	Estimate based on contract backlog and anticipated contracts or a percentage of total revenue								
9. Payroll Taxes -	Federal withholdings and FICA based on labor costs or a percentage of labor.								
10. General & Admin Expenses -	Estimate based on actual project increases or a percentage of sales.								



# Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable parts have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

OMB No. 1545-1872

**TIP:** Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return <div style="text-align: center;">                 : : :             </div>
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**NCS/TRV PROCESSING PO BOX 321 EGG HARBOR CITY, NJ 08215 800-582-7066**

**CAUTION:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

- 6 Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ \_\_\_\_\_
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years . . . . . ☐
  - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns . . . . . ☐
  - c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years . . . . . ☐
  - d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year . . . . . ☐
  - e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 . . . . . ☐

**CAUTION:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (     )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	